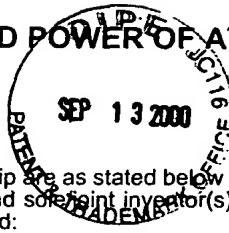


DECLARATION AND POWER OF ATTORNEY

UNITED STATES OF AMERICA

#3



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I verily believe I am/we are the original, first and sole inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Vectors For Improving Cloning And Expression In Low Copy Number Plasmids

and the specification of which ☐ is attached hereto (Attorney Docket No. **HMR2050 US**)
(check one) ☒ was filed on **June 16, 2000** as U.S. Application Number **09/596,114**
and was amended on (if applicable).
☐ was described and claimed in PCT Int'l Application Number filed on
and as amended under PCT Article 19 on (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56.

☐ I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below. I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Foreign
Priority: Number Country Day/Month/Year Filed

Prior
Foreign
Appn(s): Number Country Day/Month/Year Filed

☒ I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States Provisional application(s) listed below:

60/140,287 June 18, 1999
Number Filing Date

☐ I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No. Filing Date Status (Patented, Pending)

POWER OF ATTORNEY: I (We) hereby appoint the attorneys associated with the Customer Number provided below as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected herewith:

Customer No. 005487

Direct Telephone Calls to: 908-231-2388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States code §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventors(s): ☐ Additional names and signatures are attached.

1. Full name: Trudy Grossman

Signature: 

Date: 7/25/00

Country of Citizenship: USA

Residence: 18 Hathaway Road, Lexington, MA USA
(City and State/City and Country only)

P. O. Address: _____

2. Full name: Ian MacNeil

Signature: 

Date: 7/24/2000

Country of Citizenship: USA

Residence: 23 Oak Road, Milton, MA USA

(City and State/City and Country only)

P. O. Address: _____

3. Full name: Paul R. August

Signature: 

Date: 7/24/2000

Country of Citizenship: _____

Residence: 50 Emerald Drive, Danville, NH, USA
(City and State/City and Country only)

P. O. Address: _____

4. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

5. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

6. Full name: _____

Signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

(City and State/City and Country only)

P. O. Address: _____

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, NJ 08807-0800
Telephone (908) 231-2388
Telefax (908) 231-2626

Docket No. HMR2050

us